PR001 26-Jun-12

Preliminary Report of Accident

U.S. Department of Labor

Mine	Safety	and	Health	Adm	iinistr	ation

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1. Accident Type:	2. Accident Classification		3. Date/Time of Accident		4. Date/Time of Death		5. Fatal Case No				
Fatal Injury	Fall of Face, I	Rib, Pillar or Highwa	И	1 1		06/25/2012	01:30 PM	10			
6. Mine Information :	<u> </u>							<u> </u>			
a) Mining Company Name b) Mine Name c) Parent of Mining Company											
McCoy Elkhorn Coal Corp. Mine #23			James River Coal Company								
7. Mine Location :	a) City	b) C	County	c) State 8. Mine ID Number: 9. Union:							
Pik	eville	Pike		KY	ΚΥ		15-18721				
10. Primary Mineral Mined:		11. Number of	a) Total	b) Underground	c) Open Pit	(Quarry d) M	fill/Prep Plant	e) Other			
BITUMINOUS COAL UN	IDERGROUND	Mine Employees:	114	114							
12. Contractor Name:					13. Un	13. Union 14. Contractor ID Number:					
15. Contractor Address: a) City				b) County) County c) State d) Zip Code						
16. Number of Contractor Employees: a) Total b) Underground c) Open Pit/Quarry d) Mill/Prep Plant e) Other											
17. Number of Persons in Mir	e at Time of Accid	lent:		18. Number	of Persons Unac	counted For:					
a) Mine Employees:		b) Contractor Employe	es:	i	mployees:		ontractor Emp	Invees.			
19) Location of Accident		b) contractor zampioye		-)	proj con		Metactor 15mp	20. Mining Height:			
X 01-Underground		03-Open Pit	X 07-Advan	ce Mining	30-Mill/Prep	Plant Oth	er (specify)	Feet Inches			
02-Surface at Undergrou	und 🔲 (06-Dredge Mining	08-Retrea	t Mining	99-Office Fa	cility		6 6			
21. Nonfatal Injuries:	22. Fa	tal Injuries:									
23. Victim Information :		a) Name Sargent		b) Age 33		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
c) Regular Job Title:			y at Time of Acc	·	·····	······································	X M	line Employee			
Outby Foreman				Installing	Rib Support						
24. Experience : Years W	eeks Days	Years We	eks Days		Years Week	s Days		Years Weeks Days			
	7 2 b)	at the mine: 6 45	5 2 c) s	at activity (23d)	1 20	0 d) with	Contractor				
25. Autopsy Performed:	If Yes, Location	1				26. Mine Telepho					
YES Frankfort, K	entucky			 		(606) 433-0225				
27. Description of Accident (i	nclude equipment	involved, the exact loca	tion in the mine,	, and status of re	scue and recovery	operations):					
While in the process of laying track, the victim started setting timbers, approximately 70' outby Survey Station # 6080, in the number 5 belt/track entry. The victim was wedging a timber against the mine roof, to support the rib, when a section of rib rolled on top of the victim, resulting in fatal, crushing injuries. He was treated by METs and transported to the surface. The victim was then transported to Pikeville Medical Center, by West Care Ambulance Service.											
The information provided in t regarding the cause of the acc		on preliminary data Of	NLY and does no	ot represent final	determinations r	egarding the nature	of the incident	t or conclusions			
28. Equipment Manufacturer			· · ·		29. Model:	 					
30. District: 32. Field Office:			33. Event Number:								
C0600 Pikeville Pikeville			e KY		1	41956	500				
34. Accident Investigator:	***		35. MSHA Pe	erson Notified:		Da	ite	Time			
Saul Akers			Danny	Deel		06/25/	2012	11:49 A			
36. Type of Report:		37. Name of Preparer	-				Date				
Ini	itial		Chad Damro	n		··· ·· · · · · · · · · · · · · · · · ·	06/25/201	2			